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Atty. Dkt. No. 15-IS-5297(70191/240)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kurzynski et al.

Title: METHOD AND APPARATUS FOR
MANAGING MEMORY IN A
WORKSTATION

Appl. No.: Unknown

Filing Date: Unknown

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.	
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SANDRA MURPHY	
(Printed Name)	
Sandra Murphy	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTALAssistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

David W. Kurzynski
Frank J. Owen
Bradley E. Koehn

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (16 pages).
- ☒ [X] Informal drawings (2 sheets, Figures 1-2).
- ☐ [] Declaration and Power of Attorney (___ pages).
- ☐ [] Assignment of the invention to General Electric Company.
- ☐ [] Assignment Recordation Cover Sheet.
- ☐ [] Check in the amount of \$40.00 for Assignment recordation.
- ☐ [] Small Entity statement.
- ☐ [] Information Disclosure Statement.

[] Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$690.00	\$690.00
Total Claims:	36	- 20	= 16	x \$18.00	= \$288.00
Independents:	3	- 3	= 0	x \$78.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$260.00	= \$0.00
				SUBTOTAL:	= \$978.00
[] Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$978.00

- [] A check in the amount of -0- to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12/31/1999

By Katherine D. Lee

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